

**GRANT PAYMENT REQUEST**

CalRecycle 87 (Rev. 01/10)

**Complete the information requested.**

1. GRANTEE NAME (AS APPEARS ON GRANT AGREEMENT)		2. GRANT NUMBER (ASSIGNED BY CALRECYCLE)	
3. GRANTEE INVOICE NUMBER (OPTIONAL)		4. PAYMENT REQUEST NUMBER	
5. TYPE OF PAYMENT REQUEST (ATTACH SUPPORTING DOCUMENTATION) <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final		6. AMOUNT REQUESTED \$	
<b>7. Send warrant to:</b>			
GRANTEE NAME ( e.g. , ORGANIZATION/BUSINESS NAME)			
CONTACT NAME			
ADDRESS			
CITY		STATE	
		ZIP CODE	
<b>8. Certification of completion of General Checklist of Business Permits, Licenses and Filings (CalRecycle 669)</b>			
<b>Check one box</b>			
<input type="checkbox"/>		CalRecycle 669 form on file is current and complete	
<input type="checkbox"/>		Changes made since last CalRecycle 669 form was submitted (attach revised CalRecycle 669 form)	
<input type="checkbox"/>		CalRecycle 669 form is not required for this grant cycle	
<b>9. I certify, under penalty of perjury under the laws of the State of California, that the above information is true and correct and that all funds received have been or will be expended in accordance with the approved agreement for Department of Resources Recycling and Recovery (CalRecycle) grant funding.</b>			
Signature of Signature Authority / Authorized Designee (as authorized in Resolution or Letter of Designation, LOD)		Date	
Print Name		Title	
<b>CalRecycle Staff Use Only</b>			
10. REQUESTED AMOUNT		\$	
11. ADDITIONS OR DEDUCTIONS SUBJECT TO WITHHOLD		\$	
12. SUBTOTAL		\$	
13. LESS WITHHOLD (IF APPLICABLE AND AUTHORIZED IN GRANT AGREEMENT)		\$	
14. ADDITIONS OR DEDUCTIONS <b>NOT</b> SUBJECT TO WITHHOLD		\$	
15. APPROVED AMOUNT FOR PAYMENT		\$	
16. COMMENTS		17. DATE RECEIVED	
Approval Signature of CalRecycle Grant Manager		Date Approved	
Approval Signature of CalRecycle Program Manager		Date Approved	

See instructions on reverse side

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**Information and Instructions for completing form**

SECTION	TITLE	DESCRIPTION
1.	GRANTEE NAME (AS APPEARS ON THE GRANT AGREEMENT)	Organization or business name as it appears on the grant agreement
2.	GRANT NUMBER (ASSIGNED BY CALRECYCLE)	Grant number assigned by CalRecycle as it appears on the grant agreement
3.	GRANTEE INVOICE NUMBER (OPTIONAL)	Number assigned to the payment request form by the Grantee
4.	PAYMENT REQUEST NUMBER	Start with 1 for the first payment request and number all subsequent payment requests consecutively
5.	TYPE OF PAYMENT REQUEST (ATTACH SUPPORTING DOCUMENTATION)	Reimbursement– the typical payment request is paid on a reimbursement basis Advance–available only upon prior approval of grant manager Final– final grant payment request for the project
6.	AMOUNT REQUESTED	Amount being requested for payment
7.	SEND WARRANT TO	Grantee's name, contact name, address, city, state, and zip code as it appears on grant agreement
8.	CERTIFICATION OF COMPLETION OF GENERAL CHECKLIST OF BUSINESS PERMITS, LICENSES AND FILINGS (CALRECYCLE 669)	Certification by initialing as appropriate: : CalRecycle 669 form on file is current and complete" or "Changes made since last CalRecycle 669 form was submitted (attach revised CalRecycle 669 form)" or "CalRecycle 669 form is not required for this grant cycle"
9.	CERTIFICATION	Print or type name and title of person authorized in the Resolution/Letter of Designation included with the Grantee's application Authorized person signs and dates
10.	REQUESTED AMOUNT	Amount requested by the Grantee
11.	ADDITIONS OR DEDUCTIONS SUBJECT TO WITHHOLD	Additions or deductions to the requested amount determined by the CalRecycle Grant Manager that is subject to the withhold (e.g., the Grantee miscalculates the requested amount). Based upon the submitted supporting documents the CalRecycle Grant Manager will adjust the requested amount to calculate a subtotal amount (line #12) that will be subject to the withhold.
12.	SUBTOTAL	Amount subject to the withhold and calculated by the CalRecycle Grant Manager.
13.	LESS WITHHOLD, (IF APPLICABLE AND AUTHORIZED IN GRANT AGREEMENT)	Withhold amount authorized in the grant agreement and calculated by the CalRecycle Grant Manager
14.	ADDITIONS OR DEDUCTIONS <b><u>NOT</u></b> SUBJECT TO WITHHOLD	Additions or deductions to the requested amount determined by the CalRecycle Grant Manager that is <b><u>NOT</u></b> subject to the withhold (e.g., at the end of the grant, the CalRecycle Grant Manager releases the amount withheld).
15.	APPROVED AMOUNT FOR PAYMENT	Amount approved for payment by the CalRecycle Grant Manager
16.	COMMENTS	Comments about additions, deductions or general comments related to this payment request
17.	DATE RECEIVED	Date payment request was received by the CalRecycle

**Send grant payment request with supporting documentation (i.e., invoices and proof of payment) to:**

Department of Resources Recycling and Recovery (CalRecycle)  
 Attention: *(Insert name of assigned CalRecycle Grant Manager)*  
 1001 "I" Street, P.O. Box 4025  
 Sacramento, CA 95812-4025